

Form Code: PA...
Document Description: Power of Attorney

PTO/AIA/82B (07-12)
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TRANSMITTAL FOR POWER OF ATTORNEY TO ONE OR MORE REGISTERED PRACTITIONERS

NOTE: This form is to be submitted with the Power of Attorney by Applicant form (PTO/AIA/82B or equivalent) to identify the application to which the Power of Attorney is directed, in accordance with 37 CFR 1.5. If the Power of Attorney by Applicant form is not accompanied by this transmittal form or an equivalent, the Power of Attorney will not be recognized in the application.

Application Number	09/526,978
Filing Date	March 15, 2000
First Named Inventor	Sean Nolan
Title	ELECTRONIC COMMERCE SESSION MANAGEMENT
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	DSC.951

SIGNATURE of Applicant or Patent Practitioner

Signature		Date	December 4, 2012
Name	Randall G. Rueth	Telephone	(312) 474-6300
Registration Number	45,887		

NOTE: This form must be signed in accordance with 37 CFR 1.33. See 37 CFR 1.4(d) for signature requirements and certifications.

☐

*Total of 1 forms are submitted.

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POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in the attached transmittal letter.

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

52716

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the application identified in the attached transmittal letter to:

☐ The address associated with the above-mentioned Customer Number.

OR

☒ The address associated with Customer Number:

52716

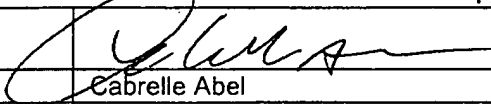
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the Applicant:

- ☐ Inventor or Joint Inventor
- ☐ Legal Representative of a Deceased or Legally Incapacitated Inventor
- ☒ Assignee or Person to Whom the Inventor is Under an Obligation to Assign
- ☐ Person Who Otherwise Shows a Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document)

SIGNATURE of Applicant for Patent

Signature		Date	11-27-12
Name	Cabrelle Abel	Telephone	425-372-3601
Title and Company	Senior Attorney, drugstore.com, inc., a subsidiary of Walgreen Co.		

NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms if more than one signature, see below *.

☐ *Total of 1 forms are submitted.

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